REMARKS

This amendment is responsive to the Office Action mailed July 13, 2005. Applicant thanks Examiner Stone for the analysis contained in the Office Action. Claim 1 has been amended, Claim 5 has been canceled, and Claims 9-11 have been added.

Claim Rejection Under 35 U.S.C. 103

Claims 1-8 presently stand rejected under 35 U.S.C. § 103. Applicant will focus arguments on the patentability of Claim 1, as amended, which presently stands rejected as being obvious and unpatentable over McLintock et al. in view of Drori.

There are several points of difference which applicant would like to bring to the Examiner's attention:

1. The method of Claim 1 uses detection loops which define fields and interact with proximity detectors in the transmitters to excite the transmitters, causing them to emit a signal when the transmitter enters the field defined by the detection loop. These detection loops are described in the specification on page 3 between lines 8-19 and again on page 5 between lines 12-17. This means that the claimed invention can function to monitor areas, such as outdoor areas which do not have doors or walls, as well as monitoring areas immediately adjacent to a door.

This is in contrast to the teachings of McLintock et al. As noted by the Examiner, McLintock contemplates a wide variety of "identification devices" potentially being used (page 3, par. 0029). McLintock, however, does not contemplate the use of a detection loop. Drori similarly contemplates the use of a transmitter, but not a detection loop.

The difference is significant in facilities where every patient and staff member has a transmitter. Without detection loops, as taught by the claimed invention, both McLinlock and Drori will pick up signals from all transmitters within range and not just the transmitter of the person in the immediate vicinity of the door. The present system is set up so that a person need only walk

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toward a door and does not need to input any code. This is described at page 4, lines 4-6. McLintock and Drori would have serious implementation problems if they attempted to accomplish the same result using their transmitters, without the detection loop of the present application. Applicant has incorporated wording from page 5, lines 15-17, into the language of Claim 1 to emphasize this difference.

2. The personality profile that provides access is embedded in the transmitter carried on the person of the patient or staff member (preferably in the form of a tamper-resistant wrist band). This is described at page 2, lines 21-22, and again at page 5, lines 19-22.

This is in contrast to McLintock, in which the transmitter carried by the patient merely identifies the "key" (24) wishing to gain access to the door (see par. 0029) which is cross-referenced to a database 42 relating to personnel "that contains information on the keys and the doors to which each key is allowed access" (see par. 0038). Drori contains a teaching similar to McLintock as any conventional transmitter can be used as long as it is operating on the same frequency as the receiver (see p. 14, lines 64-66) and access is determined by control unit 14.

The difference is significant, as the key code received by McLintock is meaningless to the door controller and must be interpreted by the database 42. This database approach is expensive and has an inherent defect in that the access door ceases operation if the computer connection to the database is disrupted. Applicant has amended Claim 1 to exclude systems in which the codes are only keys to access information in personnel databases.

The present invention has incorporated into it a series of "alarms" or "audible cautions" based upon proximity. These alarms are described at page 3, lines 2-7, and again at page 14, commencing on line 25 and continuing onto page 15, ending at line 15.

3. This is in contrast to the teachings of McLintock and Drori, which appear as mere access systems.

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The difference is significant when usage in extended care facilities housing Alzheimer patients is considered. "Wandering patients" are a significant problem for such facilities. The audible cautions will usually cause the patients to move away from the door. The alarm condition is critical if an Alzheimer patient manages to pass through an access door by following a visitor out of the facility. Applicant has added new Claims 9-11 to emphasize this aspect of the invention.

Further review of the cited references to Beigel et al., Steeves, Muhme, Hyatt, Jr., and Werb et al. indicates that the foregoing deficiencies in the disclosures of McLintock and Drori are not overcome.

In view of the foregoing amendments and remarks, it is respectfully submitted that the present application is now in condition for allowance. Applicant, therefore, requests the early issue of a Notice of Allowance.

Respectfully submitted,

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